

Tennessee Ethics Commission

CHECK THE APPLICABLE BOX	
<input checked="" type="checkbox"/> New Disclosure Form	<input type="checkbox"/> Supplemental Disclosure Form
INDIVIDUAL MAKING DISCLOSURE	
a. First and last name of individual JIMMY NAIFENH	b. Position or Title of individual Speaker of the House
c. Business address (room, apt., suite no. and street, or P.O. box) Rm. #19 - Legislative Plaza	
d. City, state, zip code Nashville TN 37243	
e. Telephone 615-741-3774	f. Business E-mail (if available) Jimmy.Naifeh@legislature.state.tn.us
DISCLOSURE OF RELATIVE	
{A separate form must be used for each relative}	
a. Name of Relative Betty Anderson	b. Relationship (sibling, spouse or child) Wife
b. Position of sibling, spouse or child President - Gov't Relations - Baker Donelson	
c. Business address (room, apt., suite no. and street, or P.O. box) 211 Commerce St., Suite 1000	
d. City, state, zip code, and telephone Nashville, TN 37201	
e. If Supplemental Disclosure, provide a complete description of any information that has changed from the information supplied in the last registration form.	